

East Dallas Veterinary Clinic, PLLC
8541 Ferguson Road, Dallas, Texas 75228
(214)328-9935

Boarding Check-In and Release

Client Name _____ Date _____

Pet Name(s) _____

Emergency contact information _____

Please list all medications your pet requires while boarding with us (\$6/day charge)

Has your pet(s) had any coughing, sneezing, vomiting, diarrhea, limping or other recent illness? If so, please explain _____

Are there any special exams that need to be performed (vaccinations, eyes, ears, skin) while your pet is boarding? Please list requested exam _____

Additional services offered while pet(s) are boarding (Please check all services desired)

Bath Anal Gland Expression Dental Exam/Cleaning/Polish
 Nail Trim Microchip Blood work
 Ear Cleaning Flea Control Other _____

Baths are scheduled for day of departure. Please arrange to pick pet up after 2pm.

All pets are fed Hill's Sensitive stomach diet, twice daily, while boarding. If you have brought your pet's food or request a different feeding schedule list changes requested

Please list items left with pet _____

Owner assumes responsibility for loss of or damage to all items left with their pet(s).

In case of illness or injury, I the undersigned, do hereby give my consent for the veterinarian(s) of East Dallas Veterinary Clinic, PLLC to treat, prescribe for, or operate upon my pet(s) while being boarded. I understand that every effort will be made to contact me prior to any procedures being performed. However, emergency and/or necessary treatment will not be withheld if contact is not made. All reasonable precautions are taken against illness, injury, or escape. East Dallas Veterinary Clinic, PLLC will not be held liable for illness, injury, or escape that is out of its control. **For the health of all boarders, any pet(s) not currently vaccinated or that is infested with parasites will be treated at owners expense.** I agree to allow my pet(s) records to be released to East Dallas Veterinary Clinic, PLLC, as needed for my pet(s) care while boarding.

Signature of Owner or Authorized Agent _____ Morning- Noon- Afternoon
Date of Pick-Up Pick-Up Time (circle one)